PTO/SB/06 (07-06)

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| PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 | | | | | | | Application or Docket Number 10/540,587 | | | ing Date 25/2005 | To be Mailed |
|---|---|---|--------------------------------------|---|------------------|---|--|------------------------|----|-----------------------|------------------------|
| APPLICATION AS FILED – PART I (Column 1) (Column 2) | | | | | | | SMALL ENTITY 🛛 | | | | HER THAN |
| ⊢ | FOR | | NUMBER FILED | | NUMBER EXTRA | | RATE (\$) | FEE (\$) | OR | RATE (\$) | FEE (\$) |
| | BASIC FEE | _ | N/A | .ED INON | N/A | | N/A | FEL (a) | ł | N/A | FEL (#) |
| ⊢ | (37 CFR 1.16(a), (b), s SEARCH FEF | or (c)) | | | | | | | ł | <u> </u> | - |
| 岸 | (37 CFR 1.16(k), (i), c | | N/A | | N/A | | N/A | | | N/A | |
| | (37 CFR 1.16(o), (p), | E or (q)) | N/A | | N/A | | N/A | | l | N/A | |
| (37 | TAL CLAIMS CFR 1.16(i)) | | minus 20 = * | | | | x \$ = | | OR | x s = | |
| | DEPENDENT CLAIM CFR 1.16(h)) | | minus 3 = * | | |] | x \$ = | | | x \$ = | |
| | APPLICATION SIZE (37 CFR 1.16(s)) | FEE shee is \$2 addit | ts of pap 50 (\$125 ional 50 s | gs exceed 100 in size fee due for each in thereof. See CFR 1.16(s). | | | | | | | |
| | MULTIPLE DEPEN | DENT CLAIM PR | ESENT (3 | 7 CFR 1.16(j)) | | | | |] | | |
| * If | the difference in colu | r "0" in column 2. | | TOTAL | |] | TOTAL | | | | |
| APPLICATION AS AMENDED – PART II (Column 1) (Column 2) (Column 3) | | | | | | | OTHER THAN SMALL ENTITY OR SMALL ENTITY | | | | |
| Į. | 03/13/2009 | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | | RATE (\$) | ADDITIONAL FEE (\$) | | RATE (\$) | ADDITIONAL FEE (\$) |
| AMENDMENT | Total (37 CFR 1.16(i)) | · 10 | Minus | 20 | = 0 |] | X \$26 = | 0 | OR | x s = | |
| | Independent (37 CFR 1.16(h)) | • 2 | Minus | 3 | = 0 | 1 | X \$110 = | 0 | OR | x s = | |
| Ž | Application Size Fee (37 CFR 1.16(s)) | | | | | | | | | | |
| ` | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) | | | | | | | | OR | | |
| | | | | | | | TOTAL ADD'L FEE | 0 | OR | TOTAL ADD'L FEE | |
| | | (Column 1) | | (Column 2) | (Column 3) | | | | | | |
| _ | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | | RATE (\$) | ADDITIONAL FEE (\$) | | RATE (\$) | ADDITIONAL FEE (\$) |
| | Total (37 CFR 1,16(i)) | | Minus | | - |] | x \$ = | | OR | x s = | |
| AMENDMENT | Independent (37 CFR 1/16(h)) | | Minus | *** | = | 1 | x \$ = | | OR | x s = | |
| N N | Application Size Fee (37 CFR 1.16(s)) | | | | |] | | |] | | |
| AM | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) | | | | | 1 | | | OR | | |
| Γ | | | | | | | TOTAL ADD'L FEE | | OR | TOTAL ADD'L FEE | |
| If the entry in column 1 is less than the ontry in column 2, write 0" in column 3. If the "Highest Number Previously Paid For NT HIS SPACE is less than 30, enter "20". "If the "Highest Number Previously Paid For NT HIS SPACE is less than 3, enter "3". "If the "Highest Number Previously Paid For NT HIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For NT HIS SPACE is less than 3, enter "3". | | | | | | | | | | | |

This collection of information is equated by 37 CER. 1.16. The information is required to obtain or retain a bearful by the public which his lost line face by the USFTO to monoceal an implication. Confidentially is governed by 80 Sec. 22 and 37 CEF 1.15. This collection is estimated in the 92 annuates to complete, another implication, preparing, and submitting the completed application form to the USFTO. Time well vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or seggestions for reducing this burdon, should be sent to the CEM information Officer. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrius, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandrius, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS